

## STORY COUNTY

### APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete all sides of the form. If more space is needed to complete any questions, use an extra sheet of paper. Print clearly; illegible applications will not be processed.

All qualified applications will receive consideration without unlawful discrimination because of race, creed, religion, color, sex, sexual orientation, gender identity, age, national origin or disability.

Last Name	First	Middle
Street Address	Are you at least 18 years of age? Yes _____ No _____	
City/Town	State	Do you have a legal right to work in the United States full-time? Yes _____ No _____
	Zip Code:	Telephone Number(s) ( ) ( )
Position you are applying for: (Maximum of 2)  1.  2.		Date Available:
Have you ever been employed by Story County? Yes _____ No _____ If yes, give dates you were employed:		Reason for Leaving

List all of the formal education that you have completed. Use a separate sheet of paper if you need additional space.

Name/Location	Did You Graduate?	Major Subject
High School(s)	YES _____ NO _____ If no, list the highest level completed:	
College(s)	YES _____ NO _____ If no, list the highest level completed:	
Trade School(s)	YES _____ NO _____ If no, list the highest level completed:	

List employment starting with your most recent job during the past 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use back or separate sheet of paper if necessary.

Employer:  Telephone #: (    )	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	

  

Employer:  Telephone #: (    )	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
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Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	

  

Employer:  Telephone #: (    )	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	

  

<b>May we contact your current employer?</b> Yes _____ No _____			
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List any professional, trade groups, organizations, machinery/tools operated in past, or special skills that you consider relevant to your ability to perform this job:

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**VETERAN'S PREFERENCE:** Pursuant to Iowa Code Sections 35C.1 and 35.1, Story County recognizes preference for certain veterans. Were you in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

A copy of your DD214 and proof disability (if applicable) must be included with this application in order to receive veteran's preference in employment with Story County.

Do you have experience from your military service that would be relevant to the job for which you are applying? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? (For purposes of this question, convicted includes plead guilty, plead no contest or been given a deferred sentence of judgment.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Note:** A conviction will not automatically disqualify an applicant for a particular job and that the type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.

Have you been given a job description or had the requirement of the job explained to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Answer the questions in this box only if you have received a copy of the job description or had the requirements of the job thoroughly explained to you.

Do you understand the requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the requirement of this job with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If the job requires, do you have the appropriate valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

DL#: \_\_\_\_\_ Type: \_\_\_\_\_ State of License \_\_\_\_\_

Have you had any moving violations? Please describe:

Signature: (if signed at different time than below) \_\_\_\_\_

Date: (if different than below) \_\_\_\_\_

**I understand:**

That completing this application does not constitute an offer of employment.

That in connection with the application process, Story County may conduct a background investigation and request information from my past employers, education institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I understand that such investigation may also include, but is not limited to, any criminal records and motor vehicle driving records. I have read Story County's Applicant Background Checks and Employee Investigation Policy, which I fully understand and which indicates that if Story County utilizes the services of a consumer reporting agency, the Company follows the provisions of the Fair Credit Reporting Act and will provide a notice to the applicant and request a separate Release of Information form from the applicant.

That I may be required to complete a medical history form and may be required to be examined by a medical

professional designated by Story County at the post-offer stage. I agree that Story County shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to Story County full and complete reports and records covering such examinations.

That use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post-offer pre-employment physical examination. I also understand that, if employed, I may be required to submit to an alcohol or drug screening according to state law. I agree that Story County shall be entitled to receive full and complete reports and records governing any alcohol or drug screening, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations.

That if I sustain any injury or illness while in the employment of this organization, I agree that Story County shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to Story County full and complete reports and records covering such examinations, condition, care and treatment related to or resulting from the alleged illness or injury.

That if employment is obtained under this application, I will comply with all rules and policies of the organization. I agree to be responsible for the organization's property and equipment issued to me by the organization until returned by me. I agree to pay for property and equipment not returned, and authorize the organization to withhold an amount equal to the value of the property not returned by me from my final pay.

That this employment application and any other employee related documents are not contracts of employment and that Story County follows an "employment at-will" policy that an individual who is hired may voluntarily leave employment or may be terminated by the employer at any time for any or no reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

That this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

#### **Smoking Ban Notice:**

Applicants for employment with Story County are advised that smoking is banned by state law (Iowa Code Chapter 142D) on all Company grounds and in all Company facilities which includes motor vehicles and equipment. Applicants are further advised that their job duties may include entering into areas where smoking is not regulated and where smoking is occurring. (Iowa Code Section 142d.6(2))

I have provided complete and truthful information to Story County regarding all sources of information about my past employment, education, licensure, certification, criminal conviction record, as well as any other information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge.

I have carefully read all the statements regarding requests, authorizations, consents and releases and have voluntarily agreed to assist Story County in evaluating my qualifications for employment and in meeting the business necessity of hiring honest, trustworthy, reliable and non-violent employees who do not pose a risk of serious harm in the workplace.

I understand that with the exception of any credit or investigative reports received under the Fair Credit Reporting Act, all information and documents generated, received or maintained by Story County during, or as a result of, its investigation will be maintained as confidential information in Human Resources and Story County will not release such information or documents to me.

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Signature of Applicant:

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Date:

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